

**INDIANA DEPARTMENT OF INSURANCE
WAIVER DEMONSTRATION PROJECT**

Pursuant to Public Law 211-2003, Section 10(a), please provide the following information for the time period July 1, 2003 through June 30, 2004.

Company Name: Continental General Insurance Company
Address: 8901 Indian Hills Drive
City, State, Zip Code: Omaha, Nebraska 68124
Phone Number: 800-321-3997

Name and Title of Person Providing the Information:

Megan Jackson, Regulatory Analyst

Please provide the following: [This form may be attached to separate pages listing all responses to the requested information.]

1. The number of policies issued with a waiver pursuant to IC 27-8-5-2.5(e) or IC 27-8-5-19.2.

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2. A list of specified conditions that the insured waived.

See attachment

3. The number of waivers issued for each specified condition listed in Question 2 above.

See attachment

4. The number of waivers issued categorized by the period of time for which coverage of a specified condition was waived.

180 days = 1; 2 years = 8

5. The number of applicants who were denied insurance coverage by the insured because of a specified condition.

6 denied; 2 withdrawn

6. The number of complaints and requests for external grievance review filed in relation to a waiver.

0

**Please return your completed form to: Adrienne Quill, Esq.
Chief Deputy Commisisoner
Indiana Department of Insurance
311 W. Washington St. Suite 300
Indianapolis, IN 46204**

Pursuant to Public Law 211-2003 Section 10(b), responses are due by August 1, 2004. Thank you for your participation in the Waiver Demonstration Project.

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**CONTINENTAL GENERAL INSURANCE COMPANY
ATTACHMENT**

2. A list of specified conditions that the insured waived.	3. The number of waivers issued for each specified condition listed in Question 2.
Arterial hypertension or disease or disorder of the heart or stroke	2
Asthma, bronchitis, allergies, allergic rhinitis, reactive airway disease, or other allergic disorders	1
Disease or disorder of the lower back or spine	1
Migraine or headache	1
Disease or disorder of the left shoulder	1
Disease or disorder of the eyes	1
Disease or disorder of the cervical back or spine	1
Disease or disorder of the genital organs	1